DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

Form Approved OMB No. 0938-0193

	TRANSMITTAL NUMBER	STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	AT-92-29	TENNESSEE
STATE PLAN MATERIAL	PROGRAM IDENTIFICATION	
FOR: HEALTH CARE FINANCING ADMINISTRATION	TITLE XIX	
	PROPOSED EFFECTIVE DATE	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION		
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
	July 1, 1992	
TYPE OF PLAN MATERIAL (Check One)		
	BE CONSIDERED AS NEW PLA	AN AMENDMEÑT
COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Sep	parate transmittal for each amend	dment)
FEDERAL REGULATION CITATION		
42 CFR 447 NUMBER OF THE PLAN SECTION OR ATTACHMENT	NUMBER OF THE SUPERSE	EDED PLAN SECTION OR
	ATTACHMENT	
Attachment 4.19A, page 3 of 13.	Attachment 4.19A, page 3 of 13.	
SUBJECT OF AMENDMENT		
		*
Methods and Standards for Establishing Paymer	it Rates for Acute Car	e Inpatient Hospital
Services.		
GOVERNOR'S REVIEW (Check One)		
_		
X GOVERNOR'S OFFICE REPORTED NO COMMENT	T OTHE	R, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSE	D	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUB	MITTAL	
SIGNATURE OF STATE AGENCY OFFICIAL	FOR REGIONAL DATE RECEIVED	AL OFFICE USE ONLY DATE APPROVED
H. Turill White	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	November 13, 2000
TYPED NAME:	PLAN APPROVED - ONE COPY ATTACHED EFFECTIVE DATE OF APPROVED MATERIAL	
H. Russell White		
TITLE:	July 1, 1992 SIGNATURE OF REGIONAL OFFICIAL	
	OI AA	
Commissioner		
DATE:	ald Com	and the second s
	TYPED NAME:	
Can tamban 11 1002	TYPEDNAME: Eugene A. Grasser	
September 11, 1992 RETURN TO:	Eugene A. Grasser	
RETURN TO:	Eugene A. Grasser TITLE: Associate Regional Ad	
RETURN TO: Tennessee Department of Health	Eugene A. Grasser	
RETURN TO:	Eugene A. Grasser TITLE: Associate Regional Ad	
Tennessee Department of Health Bureau of Medicaid	Eugene A. Grasser TITLE: Associate Regional Add Division of Medicaid	
Tennessee Department of Health Bureau of Medicaid 729 Church Street Nashville, Tennessee 37247-6501	Eugene A. Grasser TITLE: Associate Regional Add Division of Medicaid	
Tennessee Department of Health Bureau of Medicaid 729 Church Street	Eugene A. Grasser TITLE: Associate Regional Add Division of Medicaid	
Tennessee Department of Health Bureau of Medicaid 729 Church Street Nashville, Tennessee 37247-6501	Eugene A. Grasser TITLE: Associate Regional Add Division of Medicaid	
Tennessee Department of Health Bureau of Medicaid 729 Church Street Nashville, Tennessee 37247-6501	Eugene A. Grasser TITLE: Associate Regional Add Division of Medicaid	
Tennessee Department of Health Bureau of Medicaid 729 Church Street Nashville, Tennessee 37247-6501	Eugene A. Grasser TITLE: Associate Regional Add Division of Medicaid	

B. Beginning July 1, 1987 the prospective payment will be made as a rate per inpatient day for the operating component and a quarterly lump-sum payment for the pass-through, disproportionate share, and indirect education adjustment.

Beginning January 1, 1988 the prospective payment will be made as a rate per inpatient day for the operating component and a monthly lump-sum payment for the pass-through, disproportionate share, and indirect education adjustment.

Beginning July 1, 1989, except for inpatient hospital days involving approved organ transplants, the first twenty (20) days per fiscal year will be reimbursed at 100 percent of the operating component plus 100 percent of the capital, direct and indirect education, and Medicaid disproportionate share adjustment (MDSA) components. For medically necessary days in excess of twenty (20) per fiscal year, reimbursement will be made at 60 percent of the operating component plus 100 percent of the capital, direct and indirect education, and MDSA components. Approved inpatient days involving organ transplants will be reimbursed at 100 percent of the operating component plus 100 percent of the capital, direct and indirect education, and MDSA components. Admission and stays involving organ transplants that span fiscal years will be reimbursed as if the entire stay had occurred during the first fiscal year.

- C. Adjustments to Base Period Costs It may be necessary to adjust base year cost reports to make the base period costs comparable to inpatient costs incurred in the prospective period, such as costs to be incurred by hospitals required to enter the Social Security system beginning January 1, 1984. Therefore, hospitals submitting form HCFA-1008 to their Medicare intermediary should send a copy of this form to the Comptroller of the Treasury. For hospitals which do not submit form HCFA-1008, appropriate adjustments will be made based on the best available information.
- D. Pass Through Component
 - (1) Each facility's initial prospective rate will be based on a base year cost report and will include a pass-through component consisting of the portion of capital costs and medical education costs, which is attributable to patients determined eligible for Medicaid by the State of Tennessee. The pass through component may vary from year to year depending on each facility's actual capital costs and medical education costs and will not be computed until the facility's cost report is received. Effective July 1, 1992, The Services Tax will be an allowable cost included in the pass through component.

TN No. 92-29
Supersedes
TN No. 91-25 Approval Date NOV 1 3 2000 Effective Date 7/1/92